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ABSTRACT

This report describes various aspects of an inservice training program for human service professionals concerned with family sexual abuse. Covered in the report are the content, objectives and phases of the training program, demographic information on the trainees, and a description of the types of evaluation conducted. The overall purpose of the training program was to enable professionals to skillfully intervene with families characterized by sexual abuse, to provide therapy for family members, and to develop additional resources in their own communities. The training content included child and adolescent psychosexual development, family systems theory, the impact of family sexual abuse on child development and the family system, addiction theory, personal attitude awareness, family member roles in incest, family intervention strategies, marital therapy, community development and program coordination, and sex therapy. The training involved three phases extending over a year's time. These phases focused on theory, process supervision, and community-based intervention. Sixty professionals from throughout the state of Minnesota participated in the training program. Evaluation was designed to help make adjustments in the program on a daily basis, to make the program accountable to the funding agency, and to provide a data base for a dissertation. (SS)

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FAMILY SEXUAL ABUSE TRAINING PROGRAM

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In February of 1978, the Minnesota Department of Public Welfare entered into a contract with the University of Minnesota, Medical School, Department of Family Practice and Community Health, Program in Human Sexuality, to provide extensive training in the treatment of family sexual abuse. The target group of trainees was limited to human service professionals throughout the State of Minnesota, who worked in agencies which had at least one Title XX funded position. The overall purpose of the contract was to enable the professionals to skillfully intervene with, provide therapy for, and develop additional resources in their own communities for the detection, intervention, and treatment of sexually abusive families.

The Department of Public Welfare selected sixty participants from a widely scattered geographic area, with special attention being paid to those applicants who would commit to doing in-service training and community education in addition to their direct practice, and who were willing to indicate that they would stay with their agency for at least a year following the completion of their training. The 33-day training program began in May, 1978, and was completed on May 4, 1979.

The training was interdisciplinary in focus. University of Minnesota faculty, community professionals and authorities in the field of sexual abuse, chemical dependency and community development were utilized at various phases of the training process. The training content included child and adolescent psychosexual development, family systems theory, the impact of family sexual abuse on child development and the family system, addiction theory, personal attitude

awareness, incest family member roles, family intervention strategies (mainly the structural theorists including Minuchin, Bowen, Watzlawick, Satir etc.), marital therapy, community development and program coordination, sex therapy. The overall umbrella was family systems theory, with the other content pieces interlocking into it.

The context for the training involved large group content presentations, followed by small group processing and feedback sessions. The small groups were comprised of ten trainees, all of whom were from geographical locations in proximity to each other. The small groups, which were maintained throughout the year long training program, served as laboratories for the integration of content into skill development. Additionally, because the material learned is highly emotionally charged and personally impactful, the small groups served as support groups for value and attitude reassessment as well as mutual support.

The training program itself was divided into three phases:

PHASE 1: May & June, 1978	Family systems content as the umbrella theoretical framework, with sexuality theory and chemical dependency theory as interlocking frameworks
PHASE 2: Aug, 1978 to Jan, 1979	Process supervision in regional units, utilizing family simulation, videotaped live interviews, case presentations, all with group feedback
PHASE 3: Feb to April, 1979	Community-based intervention and treatment; networking, peer training, community education etc.

The first phase, which comprised 12 days, was designed to provide massive exposure to relevant content, and overall sexual attitude reassessment:

Phase 1 - Training Program Overview

May 8, 9, and 10, 1978	Introduction and Orientation Pre-testing for Program Evaluation Setting Expectations Incest Attitude Assessment Family Systems Theory Family Systems and Incest Incest and Trauma
May 30, 31, and June 1, 1978	Incest Family Profiles Treatability Clinical Assessment and Testing Child and Adolescent Development Marital Assessment With Family Systems Focus Sexual Function and Dysfunction Sexual Treatment Shame, Guilt and Blame Homosexual Behavior Developmental Issues and Incest
June 28, 29, and 30, 1978	Chemical Dependency and Family Systems Assessment and Treatment Incest and Chemical Dependency Legal Aspects of Incest Overall Model for Intervention and Treatment
July 26, 27, and 28, 1978	Sexual Attitude Reassessment Seminar*

The second phase, which comprised 12 days, was the skill development or process phase. During this period the trainees worked almost entirely in their small groups, utilizing videotaped and audiotaped recordings of actual interviews with individuals, families and groups from their caseloads. In the event that equipment was not available for live recordings, they were expected to develop simulations through role play. The "process supervisor ", who had been the small group trainer from the first day of training, was the major teacher/trainer for these sessions. Additionally, a "visiting expert" was assigned to each small

* Based on our past experience with medical and social service training programs which deal heavily with sexual issues, we asked our trainees to invite their spouses or "significant others" to the S.A.R., in an attempt to maintain couple growth patterns at fairly equal levels.

group on a rotating basis, serving the purpose of providing expert consultation in a specific content area (interviewing children, human sexuality, structural intervention strategies, paradoxical injunctions, chemical dependency, groups etc.). The small groups during this phase also served as support groups for trainees who were experiencing lack of agency support for their increased emphasis and change in focus with their incest clients.

The third and final phase, which was 9 days, was devoted to community organization, networking, and staff development skill development. The trainees learned how to assess the resources and needs of their communities in order to develop an overall plan for strong local intervention strategies in multiple directions. Planning included education for detection, involving physicians, nurses, schools, and general public education, intervention systems, involving mental health agencies, police, county attorneys, judges, correctional staff; treatment strategies, involving public and private treatment facilities ; and staff training, on both an in-service and consultation basis.

The training structure was designed to take into consideration the long distances many trainees travelled from all corners of the State. We decided to structure the training in two or three day blocks, so the trainees could make motel reservations and spend the entire block in the Twin City area. This design also was more palatable to agency administrators, thereby permiting easier access to the training program for staff. Our third rationale for spacing the training into concentrated blocks with an intervening month was the possibility for gradual integration of the knowledge and skill acquisitions into their work, allowing for maximum absorption of new material.

TRAINING OBJECTIVES - BRIEF VERSION

A. Attitude Objectives: Each trainee will assess his/her own attitudes about human sexuality, including incest and how these attitudes impact his/her work with sexually abusing families.

B. Knowledge Objectives: Each trainee will:

1. Have a clear understanding of child development, including physical, social, and psycho-sexual.

2. Become thoroughly familiar with sexual development, including gender identity formation, sex role socialization, and the "normal" in childhood sexual behavior.

3. Develop a comprehensive working knowledge of family systems theory and applied family therapy (structural)

4. Develop a comprehensive working knowledge of chemical dependency theory and applied chemical dependency evaluation and treatment.

5. Understand the development of shame-based personality structures, and the impact of such a base on sexual behavior.

6. Know the major sexual counseling approaches of Masters & Johnson, Helen Singer Kaplan, and Jack Annon.

7. Develop a thorough understanding of the linkages between chemical dependency and sex, and the usefulness of the symbiotic family model for understanding incestuous families.

8. Develop a working knowledge of sex/incest law and legal process in Minnesota.

9. Know the basic principles of the following: networking in communities; adult education/training; sex education/community sex education.

C. Skill Objectives:

1. Be able to integrate sex education, sex counseling, chemical dependency treatment and marital therapy into a comprehensive treatment model for the provision of family therapy with incestuous families.

2. Be able to provide sex education effectively and appropriately to client families, other professionals, and providers of substitute care facilities for children.

3. Develop the skills to utilize strategic family interventions in such a way as to maximize change in symbiotic families (paradoxi-

cal injunctions, shifts in generational boundaries, transference and countertransference manuevers).

4. Assess strengths and limitations in incest families through the use of both behavioral/systemic observation as well as standardized evaluation devices.

5. Assess his/her own community's strengths and potentials for intervention with sexually abusive families, and develop a comprehensive plan for detection, intervention, and on-going treatment.

DEMOGRAPHICS OF TRAINEES

SEX RATIO: 41 Females 19 Males

MARITAL STATUS*: 15 Single
36 Married
7 Divorced
1 Separated

AGES OF CHILDREN: 18 None
6 0-1 year
6 2-3 years
9 4-7 years
21 8-11 years
17 12-16 years
16 17 and over**

EDUCATIONAL LEVELS: 26 B.A. or B.S.
13 M.A. or M.S.
16 M.S.W.
4 Ph.D.
1 A.A. Other (specify_

PREVIOUS S.A.R.: 18 Yes 42 No

AVERAGE NUMBER OF RELATED WORKSHOPS and/or RELATED COURSES TAKEN: 4

AGENCY AFFILIATIONS:

Private: 5 (trainees)

Welfare: 36

Mental Health Center: 8

Corrections: 4

Other: (specify)
A youth counseling center-1
A runaway center-1
Indian Reservation-2
Rape center-2
Sex counseling program-1

Total N=60

* Marital status at time of first training session. A number of divorces and separations occurred during the course of the training program.

**Ages of children at first training session.

EVALUATION PROGRAM

Four Levels of Evaluation

LEVEL 1: Trainee evaluation of each day of training.

LEVEL 2: Family Sexual Abuse Regional Unit Supervisor evaluations of each trainee.

LEVEL 3: Trainee self evaluation and peer feedback (ongoing).

LEVEL 4: Overall evaluation of the effectiveness of the training.

The first three levels of evaluation were designed to help the training program make adjustments on a daily basis, depending on the needs of the trainees, as well as the perceptions of the staff as the training progressed. The fourth level of evaluation served the dual purpose of accounting to the funding agency and University department (75% funding Title XX, 25% funding University of Minnesota Medical School, Department of Family Practice and Community Health), and providing a data base for purposes of a dissertation for the principal investigator (Noel Carlson).

Level 1 Evaluation Device: The following one-page device was used at the end of each training day, to monitor on-going feedback for the trainers.

Participant Evaluation of Family Sexual Abuse Training Sessions

DATE _____

GROUP NUMBER_____

What professional information, insights, or awareness did you gain from this session? What needs or wants were met for you at this time?

_____

_____

_____

What do you need or want from this course at this time? Please be specific.

_____

_____

_____

What feedback do you have for the trainers at this session?

_____

_____

_____

Level 2 Evaluation: The six supervisors of each regional unit, comprised of 10 trainees from agencies in regional proximity to each other, were asked to provide evaluation input on the following basis:

1. Ongoing process feedback in the small group to all trainees, based on the attitudes expressed, and knowledge and skills displayed during group discussion and sharing of work with clients through videotape ,audiotape, or role-play simulations.

2. Midway evaluation of each trainee in group at the 6 month interval.

3. Written feedback in the journals which were kept by the trainees while they were back in their agency settings. The journals were designed as a log of their experiences with their clients, fellow staff, and administrators back in their agencies, as well as their thoughts, feelings etc. about each training experience.

4. Individual feedback from the supervisor and/or other staff on an individual request basis, and at the end of the year for certification purposes.

Level 3 Evaluation: The trainee self-evaluation and peer feedback was accomplished on the following basis:

1. Process group presentation of own practice problems, concerns and skills, with expected feedback from peers in addition to self. This feedback sharing was to serve a dual purpose, i.e. both the trainee got accurate feedback on his/her work, but in addition, the other trainees got an opportunity to practice giving constructive critical comments, a skill they will need when providing consultation to peers following the completion of the training program. The supervisor then gave them feedback on their feedback process.

2. On-going log of reactions, insights, as well as areas of needed work in the trainees journal.

Level 4 Evaluation: The fourth level of evaluation was the most complex, and is yet in the process of completion. That level involves the overall evalua-

tion of the effectiveness of the training program. At the trainee level, the evaluation is composed of the following steps:

PRE-TESTS:

1. Knowledge: Each trainee completed a 60-item knowledge test on various aspects of family sexual abuse to gain a baseline reading on knowledge levels in the content areas the training program addressed.

2. Attitudes: Each trainee completed an "Incest Attitude Scale"* and an definitional survey** to develop baseline readings on the group's attitudes towards various aspects of incestuous behavior.

3. Skills: A sub-sample of 16 trainees was randomly selected to conduct 30 minute interviews with simulated incest families. Portions of the interviews were videotaped and stored for analysis after the completion of the training program.

MID-TESTS:

1. Knowledge: Another form of the 60-item knowledge test was taken by all trainees.

2. Attitudes: All trainees re-took the "Incest Attitude Scale" and incest definitional survey.

3. Skills: The randomly selected sub-sample again each completed a 30 minute interview with a simulated incest family. Portions of these interviews were taped and stored for later analysis. Each trainee interviewed a different family for this series of interviews.

POST-TESTS:

1. Knowledge: A third form of the 60-item knowledge test was administered to all of the trainees.

2. Attitudes: All trainees re-took the "Incest Attitude Scale" and incest definitional survey.

3. Skills: The randomly selected sub-sample of 16 each completed a final 30 minute interview with yet a third simulated incest family. Portions of these interviews were videotaped and retained for analysis.

* The author developed the scale, and is in the process of validating it for more general use.

** The incest definitional survey is a 20 item list of behaviors which respondents are asked to decide if they are incestuous behaviors or not.

In addition to the extensive data gathered as outlined above from the trainee group, two comparison groups were selected to help assess overall change. A group of 16 social workers, psychologists etc. were selected from agencies similar to those of the trainees. Additionally, a group of 16 first year graduate students in social were also selected to serve as a comparison group currently receiving an in depth training program in family therapy without an incest focus. The overall research design may be diagrammed as follows:

OVERALL FAMILY SEXUAL ABUSE TRAINING PROGRAM EVALUATION DESIGN

	Pre-Test - May, 1978	Mid-Test - June '78	Post-test - April, 1979
Trainee Group N = 60	60 knowledge tests 60 attitude tests 16 videotapes	60 knowledge tests 60 attitude tests 16 videotapes	60 knowledge tests 60 attitude tests 16 videotapes
Comparison Group: Workers in similar agency settings N = 16	16 knowledge tests 16 attitude tests 16 videotapes		16 knowledge tests 16 attitude tests 16 videotapes
Comparison Group: Graduate students in social work N = 16	16 knowledge tests 16 attitude tests 16 videotapes		16 knowledge tests 16 attitude tests 16 vodeptapes

The knowledge and attitude portions of the evaluation were easily scorable and converted into numerical assessments of knowledge and attitude change. The skill assessment device, however, was much more complex to "score". A sixteen scale grid was developed by the author, with each scale reflecting gradations of skill level in a family therapy intervention strategy. The segments of the videotapes were then randomly rotated and edited onto longer tapes for coding purposes. Two raters were then trained in using the device, their ratings on "dummy" tapes evaluated,

and when inter-rater reliability was sufficiently high, they were allowed to view and rate the videotapes. They were totally unaware of which group the interviewer belonged to, and whether the interview was pre, mid or post. The results of that analysis is still being examined, and will be reported in the literature when complete.

The people who comprised the "simulated incest families" were professional actors from local theratre groups, who were extensively trained in incest family dynamics. Once they learned the dynamics and the minimal facts they were required to remember in order to maintain some consistency within each family, they were allowed toddevelop as a family by spending time together doing activities. This opportunity enabled them to develop a history of interaction outside the interview setting, and greatly facilitated their "realness" as a family. Both the interviewers and the raters rated all the families as extremely real.

SUMMARY: The training program is now over, and the trainees are back in their home communities developing their networks, doing community education, and working towards the development of treatment networks throughout the State. The preliminary reports of their success with their efforts is highly encouraging. Judges seem to be becoming educated about the value of treatment over punishment, county attorneys have begun to take incest seriously as a form of family dysfunction in need of serious community treatment efforts; agencies are offering a variety of treatment services including groups for offenders, for their wives, for the victims, in addition to family treatment; the schools and major referral agencies seem to be becoming more aware of the detection signs of incestuous family systems. Incest appears to be coming "out of the closet" in Minnesota, and the lives of many adults and children experiencing the pain of sexual abuse have more opportunity than ever to resolve their difficulty and become more healthy in their family/marital functioning.....probably for generations yet to come.